

142-125-561-36
PART B—ISSUE FEE TRANSMITTAL

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CORRESPONDENCE ADDRESS		2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)	
LIMBACH & LILMBACH ATTN: MICHAEL POLLICK 2001 FERRY BUILDING SAN FRANCISCO, CA 94111		INVENTOR'S NAME Street Address City, State and ZIP Code	RECEIVED Publishing Division AUG 9 2 1996 DT
26M1/0514		CO-INVENTOR'S NAME Street Address City, State and ZIP Code	
<input type="checkbox"/> Check if additional changes are on reverse side			

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/147,359	11/01/93	015	NGUYEN, C	2603 05/14/96
First Named Applicant	RANGAN, GEETHA N.K.			

TITLE OF INVENTION
DATA COMMUNICATION NETWORK WITH TRANSFER PORT, CASCADE PORT AND/OR
FRAME SYNCHRONIZING SIGNAL

	ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
2	8332327NS202	370-056.000	W94	UTILITY	NO	\$1250.00	08/14/96

3. Correspondence address change (Complete only if there is a change)	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
	1 Limbach & Limbach
	2 _____
	3 _____

DO NOT USE THIS SPACE

 810 BL 08/08/96 08147359
 1 142 1,250.00 CK
 1 561 30.00 CK

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE: National Semiconductor Corporation	6a. The following fees are enclosed: <input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advance Order - # of Copies 10
(2) ADDRESS (CITY & STATE OR COUNTRY) Santa Clara, California	6b. The following fees should be charged to: DEPOSIT ACCOUNT NUMBER 12-1420 (ENCLOSE PART C) <input type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies _____ <input checked="" type="checkbox"/> Any Deficiencies in Enclosed Fees _____

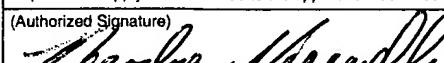
A. This application is NOT assigned.
 Assignment previously submitted to the Patent and Trademark Office.

Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.

PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature)


(Date) 7-30-96

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1. TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE

Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Box ISSUE FEE
Commissioner of Patents and Trademarks
Washington, D.C. 20231

on July 30, 1996

(Date)

Mary Burr

(Name of person making deposit)

Mary Burr

(Signature)

July 30, 1996

(Date)

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ART C - CHARGE TO DEPOSIT ACCOUNT

1. CORRESPONDENCE ADDRESS

26M1/0514

LIMBACH & LILMBACH
 ATTN: MICHAEL POLLOCK
 2001 FERRY BUILDING
 SAN FRANCISCO, CA 94111

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
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First Named
Applicant

RANGAN, GEETHA N.K.

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2 8332327MS202	370-056.000	W94	UTILITY	NO	\$1230.00	08/14/96

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Theodore Macadla 7-30-96

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2. TRANSMIT THIS FORM WITH PART B WHEN AUTHORIZING USE OF A DEPOSIT ACCOUNT